



DEPARTMENT OF THE ARMY
FORT CARSON MEDICAL DEPARTMENT ACTIVITY
1650 COCHRANE CIRCLE
FORT CARSON CO 80913-4604

MEMORANDUM OF UNDERSTANDING OR MEMORANDUM OF AGREEMENT
BETWEEN
FUNCTIONAL RESTORATION PROGRAM PARTICIPANT
AND
FUNCTIONAL RESTORATION PROGRAM PARTICIPANT'S CHAIN OF COMMAND

SUBJECT: Functional Restoration Program

1. The following Soldier has been evaluated by their Health Care Provider and has been recommended for participation in the Functional Restoration Program for chronic pain.

Last Name, First Name, MI (Print) Rank Last four SSN

2. The above named soldier will be scheduled to attend every Monday and Thursday from 0700 to 1600 for six weeks starting 24 February – 3 April, 2014.

3. The goal of treatment is to increase function in daily activities, increase communication skills and improve the overall well-being of the Soldier. Attendance is mandatory in order to maximize a positive outcome. If the Soldier misses one scheduled session, he/she will not be allowed to continue the program.

4. Failure to attend appointments will be considered a "NO SHOW" in each participating clinic and reported to their chain of command as such.

5. Failure to comply with the above requirements may affect future enrollments from the Soldier's unit.

Print Soldier's Name

Print Supervisor's Name/Rank/Phone number

Soldier's Signature Date

Supervisor's Signature Date

Commander's Signature Block

Commander's Phone number and Email

Commander's Signature Date

Would you like attendance notification? YES / NO